U.S. Department of Justice United States Marshals Service

Case 1:08-cv-01019 Document 19 PROCESS RECEIPT AND RETURN

on the reverse of this form.

See Instructions for "Service of Process by the U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER 08C1019	
Jerome Allen James DEFENDANT	TYPE OF PROCESS	
Michael Sheahan	s/	С
	OR THESCRIPTION OF PROPERTY TO	SEIZE OR CONDEMN
Scott Kurtovich, Former Executive Director of		SINES ON CONDUM
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
AT CCJ, C/O Legal Dept. 2700 S. California Ave.,	2md. Flr. Div.5, Chic	ago, IL 60608
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	-— Number of process to be served with this Form - 285	1
Jerome Allen James, B-68976	Number of parties to be	
Stateville-STV	served in this case	11
P.O. BOx 112		
Joliet, IL 60434	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITIN	IG SERVICE (Include Business and A	Iternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):	FIFD	Fold
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APR 1	2 2 2008	
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	MICHAEL W. DOBBINS CLERK, U.S. DISTRICT CO	i URT
Simple of American Am	TELEPHONE NUMBER	DATE
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER	
DEFENDAN	NT	040208
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — D	O NOT WRITE BELO	W THIS LINE
	norized USMS Deputy or Clerk	Date
number of process indicated. (Sign only first USM 285 if more 2 05 11 24 26		Td 04-02-08
(Sign only first USM 285 if more than one USM 285 is submitted) 2 of 11 No. 24 No. 24		
I hereby certify and return that Thave personally served, \(\) have legal evidence of service, \(\) have	executed as shown in "Remarks", the p	rocess described
on the individual, company, corporation, etc., at the address shown above or on the individual, compa	any, corporation, etc., shown at the addr	ess inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation.	etc named above (See remarks below	
RONNA FARMANDEZ DEFICER LEGAL		uitable age and dis- siding in the defendant's abode.
Address (complete only if different than shown above)	Date of Service	Time am
	4/16/08	12.66 (200
	11.4.11 - 1	1300 ('pm)
	Signature of D.S	Marshal or Deputy
Name -	// // 2 / \	
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
4\(\)() \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\	1.55.7(n	
PENADRE.		
REMARKS:		
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